

PMTAT ANNUAL REPORT

October 1, 2001–September 30, 2002



Program Management Technical Advisors Team

PMTAT ANNUAL REPORT

October 1, 2001 – September 30, 2002

Program:	Integrated Family Planning Maternal Health Program (IFPMHP)
Contract No.:	492-0480-C-00-5093-00
Contractor:	Management Sciences for Health
Reporting Period:	October 1, 2001 – September 30, 2002

SECTION I. SUMMARY OF ACCOMPLISHMENTS

The PMTAT significantly exceeded its annual performance targets for Fiscal Year 2001-2002. During this period, a total of 338 LGUs were enrolled in the MGP, 203 of which had a Sentrong Sigla certified health facility and with 267 enrolled in the the Indigent Program of the PHIC (Appendix A). The team surpassed its MGP enrollment target of 100 LGUs by 238, its SS certification target of 80 by 123 and its Indigent Program enrollment of 80 by 187. The following are additional highlights to the PMTAT's accomplishments during this reporting period:

I. EXPANDING SERVICE DELIVERY

- 1. Prioritization of Low-CPR Regions.** In response to the decision of the MGP Steering Committee to prioritize Regions CAR, 5, 8, ARMM and NCR, the PMTAT initiated several activities to carry out this prioritization initiative:

- a. Acquisition of more funds to support the MGP in the priority regions

The Chief of Party was able to convince the Family Planning Program to share 5 million pesos and CHD 4 the amount of 3 million pesos to augment the MGP budgets of the 5 priority regions. Each of the priority regions received at least 1 million pesos additional money to support the expansion of the MGP.

- b. Mobilization of volunteers to strengthen FP service delivery

The team organized FP refresher courses and mobilization activities of Barangay Health Workers (BHWs) and other health volunteers in order to move into higher gear the provision of family planning services in the LGUs especially in terms of generating demand for sterilization services in the priority regions. A total of 1,656 volunteers attended the FP refresher courses and participated in the mobilization activities.

c. Improving access to sterilization services

The team worked with EngenderHealth, the DOH, and other health care providers to help improve access to sterilization services.

2. Implementation of the Urban Poor Initiative. The team worked with other concerned Cooperating Agencies (John Hopkins University, John Snow Inc., Engenderhealth, and Friendly Care) in carrying out DOH's Urban Poor initiative. Towards this end the PMTAT undertook the following activities:

a. Identification and selections of sites

The team through the MGP coordinator participated in the development of criteria in the selection of urban poor sites in Metro Manila. Initially, urban poor communities in 7 cities in Metro Manila were chosen. In addition, other selected urban poor areas in newly enrolled MGP LGUs (Valenzuela, Marikina, Pasig, Muntinlupa, and Malabon) in Metro Manila were likewise included after consultation with DOH.

b. Training and mobilizing volunteers to generate clients for FP especially for sterilization services.

An important feature of the Urban Poor FP initiative is the training of volunteers on the use of the CBMIS forms. Using the results of the CBMIS survey, the BHWs were tapped to recruit FP clients especially for voluntary surgical sterilization. About 317 clients were able to avail of BTL and NSV services offered by the LGUs.

c. Launching of the Urban Poor FP Initiative

The PMTAT provided technical assistance to the municipality of Taguig and the cities of Marikina and Pasig in launching the Urban Poor FP initiative. The soft launch included the provision of sterilization services of interested clients.

3. Inclusion of the MGP as an item under the LHAD budget of the DOH-CHD.

The PMTAT successfully lobbied for the inclusion of the MGP grant funds as a line item in the DOH budget. The issuance of A.O. 85 series of 2002 formalized the institutionalization of the MGP as part of the CHD budget.

4. Mobilizing BHWs in other MGP sites to strengthen FP service delivery. Given the success of the BHW refresher training in FP and mobilization in improving FP services in the 5 priority regions, the team also introduced this intervention in other MGP sites. A total of 1,174 BHWs were trained and mobilized during this reporting period.

5. Promoting No-Scalpel Vasectomy and Improving Access to Sterilization Services. In response to the desire of many women and couples in the MGP areas not to have any more children, the team promoted No-Scalpel Vasectomy as another contraceptive option. The

SUMMARY OF ACCOMPLISHMENTS

PMTAT in collaboration with EngenderHealth successfully demonstrated that there is a demand for vasectomy services. A promotional campaign in Bago City, Negros Occidental yielded more than 50 men who availed of NSV services offered in January, 2002. Since then six other MGP sites were able to recruit clients and organize the provision of NSV services in their LGUs.

II. IMPROVING QUALITY

A major accomplishment of the PMTAT in the area of quality improvement is the successful updating of the SS framework and standards. The updating of the standards is in compliance with the SS Steering Committee's decision to include process and some output and outcome standards in the basic certification level. In accomplishing this huge task, the team organized working committees composed of technical experts from the DOH, the LGUs and the private sector. The new standards have been field-tested and will be utilized in training the SS assessment teams of the DOH Centers for Health Development.

Another important accomplishment of the team is in the provision of technical assistance to the DOH in the development of guidelines in the provision of technical assistance to LGUs. Under the updated SS framework, the technical assistance teams of the DOH play an important role in the SS certification process as these staff are critical in helping LGUs prepare for the certification visits.

With respect to the SS certification status of MGP facilities, 203 of the 338 MGP LGUs have at least one SS certified facility. In this regard the team more than doubled its performance target of 80 SS certified MGP LGUs.

III. Technical Exchange

One of the factors that greatly contributed to the team's achievements is the successful conduct of technical exchange activities undertaken by the PMTAT. Below is a list of activities that highlight the efforts of the team to disseminate technical and programmatic information to the LGUs and other program stakeholders:

1. Produced the following issues of *Updates from the Field: Best Practices*

- a) Challenges of Providing Health Services to the Urban Poor
- b) The Importance of Local Leaders in Promoting Health
- c) A District Approach to Implementing MGP
- d) Promoting No-Scalpel Vasectomy: The Bago City Experience
- e) Mobilizing Resources for the Matching Grant Program
- f) Collaborating with Population Services Pilipinas to Provide Bilateral Tubal Ligation
- g) Collaboration Between Local Government Units and NGOs for Bilateral Tubal Ligation in North Cotabato

SUMMARY OF ACCOMPLISHMENTS

- h) Technical Exchange Among Regions in the Philippines
- i) Interagency Collaboration for the Matching Grant Program in Western Mindanao
- j) The Role of Indigenous People in Promoting Family Planning (Draft for editing)
- k) Initiating A Provincial Health Summit: The North Cotabato Experience (Draft for editing)

2. Produced the following issues of *Updates from the Field: Technical Notes*

- a) A Health Insurance Program for Indigents
- b) Importation of Parallel Drugs: Making High-Quality Drugs More Affordable
- c) The Matching Grant Program: A Financial and Technical Assistance Strategy to Expand Local Health Service Delivery
- d) Doing Disease Surveillance at the Provincial and District Levels (Final for printing)

3. Spearheaded the holding of a National Consultative Workshop with the theme “Family Planning, Maternal and Child Health, and Infectious Diseases: Challenges and Options for Improving Service Delivery” in coordination with other cooperating agencies.

4. Organized and conducted the MGP Consultative Workshops for Luzon, Visayas, and Mindanao.

5. Coordinated preparatory activities for the holding of MGP Technical Conferences for Mindanao in October, Visayas in November, and Luzon in December.

Below is a summary of the team’s accomplishments for the quarter with respect to the project deliverables:

1. **338 LGUs Enrolled in the Matching Grant Program (MGP).** There are now 338 LGUs enrolled in the MGP with the addition of 98 enrollees during the last quarter. Ninety-one LGUs enrolled come from the 5 priority regions.
2. **203 LGUs in the MGP with *Sentrong Sigla* Certified Facilities.** Two hundred three (203) of the 338 LGUs currently enrolled in the MGP have at least one facility certified as *Sentrong Sigla*.
3. **267 LGUs in the MGP Enrolled in the Indigent Program of the PHIC.** Two hundred sixty seven (267) of 338 currently enrolled MGP LGUs are participating in the PHIC’s Indigent Program. Two hundred forty three (243) have paid their premiums and 271,494 families have been issued their Indigent Program identification cards.

SECTION II. DETAILED REPORT

A. BACKGROUND

The primary objective of the IFPMHP Program (USAID's S.O. 3) is to reduce fertility and improve maternal and childcare by increasing public-sector provision of sustainable FP/MCH services targeted at the poor, and by increasing private-sector provision of contraceptives and FP/MCH services. The objective and intermediate results are to be accomplished by increasing contraceptive prevalence, expanding family planning utilization among the poor and high-risk women, immunizing children and women to protect children against neonatal tetanus, supplementing children's diets with vitamin A capsules, and by developing an effective and sustainable fee-for-service family planning program.

The Contractor provides technical assistance to the Department of Health (DOH) and to selected LGUs in developing, managing, and sustaining their FP/MCH programs. As such, the Contractor is responsible for technical support in a number of specialized areas, including data collection, service delivery, and dissemination activities.

The Contractor's major performance objectives for the duration of the Contract are:

1. Performance Objective 1: To **expand service delivery** by enrolling at least 100 local government units (LGUs) in the Matching Grant Program
2. Performance Objective 2: To **improve quality of care** by no less than 80 MGP LGUs having at least one *Sentrong Sigla* certified facility
3. Performance Objective 3: To **promote sustainability** by at least 80 MGP LGUs enrolling in the Indigent Program of the Philippine Health Insurance Corporation (PHIC)

In addition, the Contractor will develop the following systems to support these performance objectives.

- a. LGU to LGU technical exchange
- b. Sub-granting of provincial funds to component cities and municipalities
- c. Updating and disseminating service standards and mechanisms for their compliance at the health facility level to ensure high quality services

B. PROJECT MANAGEMENT

Accomplishments (October 1, 2001 - September 30, 2002)

1. **Status of MGP Benchmark as of September 30, 2002.** One hundred seventy two (172) LGUs submitted their quarterly CBMIS Form 3. Of these, 137 (79%) achieved the coverage targets for fully immunized children (FIC), protection of neonates from tetanus

(PAB), Vitamin A supplementation, and modern contraceptive use in their poor communities.

2. **Recruitment of additional staff.** MSH, responding to the need for technical assistance to the five low CPR regions, requested for the secondment of three technical staff from CHDs 5, 12 and a district hospital from Eastern Samar to perform the role of Field Coordinators. The new FCs have been assigned to CHDs 5, 8 and ARMM. The recruitment of another FC to be deployed to CAR is currently in process. NCR will be handled by one of the regular MGP FCs.
3. **Contract Modification No. 16.** The contract modification was issued by USAID/ORP extending the PMTAT contract to December 31, 2003 and obligating an additional funding of \$2.5M. The modified SOW gave emphasis to the need for technical assistance to the five low CPR regions namely 5, 8, ARMM, CAR and NCR.

Next Quarter

Submit Workplan for FY 2003 to USAID for approval.

C. SERVICE DELIVERY EXPANSION

Performance Objective 1: At least 100 LGUs are enrolled in the MGP

Accomplishments (October 1, 2001 – September 30, 2002)

1. **338 LGUs Enrolled in the Matching Grant Program (MGP).** During the last quarter, 98 more LGUs were enrolled into the MGP. Of the 98 new enrollees, 38 LGUs represent expansion in the CAR (8 LGUs), NCR (5), ARMM (7 LGUs), Eastern Visayas (2 LGUs), and Southern Luzon (16 LGUs) Regions. The MGP-Technical Assistance Package (MGP-TAP) training courses were organized and conducted by the CHDs with the PMTAT field coordinators serving as technical backstops. The targets for MGP enrollment were exceeded by the team despite a substantial reduction in the MGP budget of the DOH. In this regard, the team was able to mobilize funds from the CHDs and from a number of provinces that had leftover funds from the LPP project.
2. **Prioritization of Low-CPR Regions.** Based on the results of the 2000 FP Rider Survey, the DOH MGP Steering Committee decided to prioritize the expansion of the MGP in the following regions with low CPR: CAR, 5, 8, ARMM, and urban poor communities in the NCR. The idea is to rationalize and make more equitable the distribution of MGP resources. In response to this call, the PMTAT carried out the following activities:
 - a. Acquisition of more funds to support the MGP in the priority regions

As a result of budgetary restrictions imposed by the GOP for fiscal year 2002, the funds allocated for the MGP were substantially reduced. The budget cuts severely affected the MGP funds of the 5 priority regions. To ensure the availability of funds for the MGP expansion, the Chief of Party of the PMTAT successfully lobbied for additional funds from the Center for Family Health and CHD 4, which shared 5 million pesos and three million pesos, respectively. These additional resources were shared proportionately among the five priority regions.

b. Mobilization of volunteers to strengthen FP service delivery

One of the strengths of the family planning program at the local level is the presence of an organized network of volunteers that can be tapped to move the program into higher gear. Recognizing this opportunity, the team organized the conduct of training and mobilization activities of health volunteers especially in generating demand for sterilization services in the priority regions. A total of 1,656 community health volunteers from the five priority regions are now actively recruiting potential FP clients. The increase in the demand for and utilization of sterilization services in the five priority regions demonstrates the value of investing in the training and mobilization of health volunteers.



Orientation of prospective NSV client and their wives



Insertion of IUD



Promotion of SDM

c. Improving access to sterilization services

A major limitation of the family planning program is the lack of access to voluntary surgical sterilization services and other more long-term methods of contraception. To address this problem, the PMTAT worked with Engenderhealth, the DOH, NGOs and other health service providers to establish sterilization services in the MGP sites of the 5 priority regions.

3. Urban Poor Family Planning Initiative and BHW Training. Another major initiative of the DOH in 2002 is the improvement of the provision of family planning services to urban poor communities. This is part of the GOP's poverty alleviation program aimed at addressing a broad range of social and economic issues in urban poor areas. In response to this call, the team worked with other concerned Cooperating Agencies (John Hopkins University, John Snow Inc., Engenderhealth, and Friendly Care) in carrying out the following activities:

a. Identification and selections of sites

The team through the MGP coordinator participated in the development of criteria in the selection of urban poor sites in Metro Manila. The initiative initially selected urban poor communities in seven (7) cities in Metro Manila. However, in consultation with the DOH, it was expanded to cover other selected urban poor areas in MGP LGUs (Valenzuela, Marikina, Pasig, Muntinlupa, and Malabon) in Metro Manila. An estimated population of 509,317 urban poor residents are the expected beneficiaries of this program.

b. Training and Mobilizing volunteers to generate clients for FP especially for sterilization services.

Recognizing the value to the program of the BHW network, the team facilitated the conduct of CBMIS training for the health volunteers in the selected sites. After the VHWS completed the CBMIS survey, the team followed-up this work by mobilizing the volunteers to actively recruit clients especially for the utilization of sterilization services.

A total of 871 BHWs were trained and mobilized for this effort.

c. Launching of the Urban Poor FP Initiative

The PMTAT actively supported the launching of the Urban Poor FP initiative in Taguig in June and Marikina City in August. The LGU chief executives and local health staff took the lead in promoting the need for family planning services especially among the urban poor. Last September, the Urban Poor FP initiative was formally launched in Pasig City. A number of Metro Manila LGU officials together with DOH officials and representatives from USAID and Cooperating Agencies participated in the major launch. An important feature of these launchings is the provision of surgical sterilization services. Three hundred ten (310) clients availed of these services since the initial launching last June 2002.



Pasig Launch of the Urban Poor FP Initiative

4. Inclusion of the MGP budget as a line item in the budget of the CHD-LHAD.

The PMTAT successfully lobbied for the inclusion of the MGP in the budget of the DOH for fiscal year January 1-December 31, 2002. The amount of P73, 017, 000 pesos was incorporated into the LHAD budget of the CHDs and was formalized through DOH's A.O. 85 series of 2002. This is a major breakthrough for the program since this budget is automatically re-appropriated every year.

5. Mobilizing BHWs in other MGP sites to strengthen FP service delivery. Based on the successful introduction of BHW FP refresher training and mobilization in the 5 priority regions, the team developed the capacity of the CHDs to mobilize the volunteers in the other regions. To date, 1,174 BHWS in MGP sites from non-priority regions have been mobilized by the project. During the period, August-October, 2002, 373 interested clients have already availed of the BTL (N=232) and NSV (N=141) services offered.

6. Promoting No-Scalpel Vasectomy and Improving Access to Sterilization Services. In response to the desire of many women and couples in the MGP areas not to have any more children, the team promoted No-Scalpel Vasectomy as another contraceptive option. The PMTAT in collaboration with EngenderHealth organized the successful promotion of NSV in Bago City, Negros Occidental. In a period of two days, more than 50 men availed of the NSV services offered. The success of this activity has been successfully replicated in 6 more MGP sites and more than ten other MGP sites are in various stages of organizing their first NSV operation.



Next Quarter

- Continue MGP expansion in CAR, Regions 5, 8, ARMM, and NCR
- Continue the urban poor family planning initiative in the NCR
- Continue collaboration with Engenderhealth to promote NSV in MGP areas and in the selected urban poor areas in NCR
- MGP Conferences for Mindanao, Visayas, and Luzon

D. QUALITY IMPROVEMENT

Performance Objective 2: At least 80 MGP LGUs have a *Sentrong Sigla* Certified Facility

Accomplishments (October 1, 2001 – September 30, 2002)

- 1. SS Certification of MGP LGUs.** Of the 338 newly enrolled MGP LGUs, 203 are SS certified. This increased the total number of SS certified MGP LGUs from 133 to 203. Based on previous recommendations of the PMTAT, the regions continued to assess LGU rural health units, health centers and barangay health stations using the existing standards until such a time that the new standards are introduced by 2003.
- 2. Development and Pre-testing of new SS standards for Basic Certification or Level 1.** The team worked closely with DOH counterparts in the SS Standards and Procedures Subcommittee/Standards Core Group in developing the standards and necessary clinical protocols and procedures (*see picture below taken during one of the workshops conducted.*) PMTAT and DOH and LGU counterparts designed and implemented pre-test activities. Four teams were organized to conduct focus group discussions (national, regional and LGU levels) and trial run of the standards in rural health units in 8 LGUs (rural and urban areas) in regions 8, CAR, NCR and ARMM.



3. PMTAT further assisted the SS Standards and Procedures Subcommittee/Standards Core Group in the following:

- Conceptualization and development of the supervisory checklist that is the proxy instrument to assess compliance of health staff to protocols and procedures. PMTAT recommended to DOH program managers to start developing their sections based on their existing protocols and procedures in order that the supervisory checklist be completed in time for capability building (assessors and technical assistance teams) and SS launching activities.
- Drafting a new SS framework that shows a multi-tiered program, similar to the previous framework, with Level 1 as the Basic Certification Level, then the Special Awards and Recognition or Level 2 and Hall of Fame or Level 3. The major change in the Basic Certification or Level 1 is the incorporation of more process and output indicators of quality which prepares health facilities for higher level of quality standards in Levels 2 and 3. Under the new framework, the major players will be the Technical Assistance (TA) and Monitoring Teams, which will assist LGUs meet the quality standards, particularly the DOH representatives, and the SS assessment teams who will be responsible for primarily conducting SS assessments. This year, the orientation and training design for the TA and Monitoring team was developed.

4. PMTAT assisted the following technical or working subcommittees:

- DOH SS TA and Monitoring Subcommittee in conceptualizing technical assistance (TA) packages to be provided for under the SS Certification Program. These TA packages will be finalized based on the final list of SS standards.
- DOH Advocacy Subcommittee in organizing and planning for the relaunching of Sentrong Sigla in the last quarter of 2002.

Next Quarter

Assist the DOH in:

- finalizing of Basic Certification or Level 1 SS Standards based on results of pre-test
- drafting assessment instrument
- designing orientation and training activities for CHD assessment teams and TA and monitoring teams
- documenting and finalizing the new SS Framework
- conducting Sentrong Sigla re-launch activities

E. SUSTAINABILITY

Performance Objective 3: At least 80 MGP LGUs are enrolled in the PHIC Indigent Program

Accomplishments (October 1, 2001 – September 30, 2002)

Enrollment of 267 MGP LGUs in the Indigent Program of the PHIC. Two hundred sixty seven (267) MGP LGUs of 338 currently enrolled MGP LGUs have signed formal agreements with the PHIC manifesting their interest to participate in the social health insurance program. Of the 267 MGP LGUs, 243 are in the “servicing stage” (paid their premiums and IDs issued to enrolled families). A total of 271,494 families in MGP sites are currently enrolled in the Indigent Program (see Appendix A).

Next Quarter

- Increase in number of LGUs enrolled in the PHIC
- Increase in number of LGUs in PHIC servicing stage

Performance Objective 4: System for LGU Technical Exchange Established

Accomplishments (October 1, 2001 – September 30, 2002)

1. Produced the following issues of *Updates from the Field: Best Practices*

- l) Challenges of Providing Health Services to the Urban Poor
- m) The Importance of Local Leaders in Promoting Health
- n) A District Approach to Implementing MGP
- o) Promoting No-Scalpel Vasectomy: The Bago City Experience
- p) Mobilizing Resources for the Matching Grant Program
- q) Collaborating with Population Services Pilipinas to Provide Bilateral Tubal Ligation
- r) Collaboration Between Local Government Units and NGOs for Bilateral Tubal Ligation in North Cotabato
- s) Technical Exchange Among Regions in the Philippines
- t) Interagency Collaboration for the Matching Grant Program in Western Mindanao
- u) The Role of Indigenous People in Promoting Family Planning (Draft for editing)
- v) Initiating A Provincial Health Summit: The North Cotabato Experience (Draft for editing)

2. Produced the following issues of *Updates from the Field: Technical Notes*

- e) A Health Insurance Program for Indigents
- f) Importation of Parallel Drugs: Making High-Quality Drugs More Affordable

- g) The Matching Grant Program: A Financial and Technical Assistance Strategy to Expand Local Health Service Delivery
 - h) Doing Disease Surveillance at the Provincial and District Levels (Final for printing)
3. **Distribution of binders containing all available issues of *Updates from the Field: Best Practices/Technical Notes* to USAID-Manila, cooperating agencies, DOH (central & regional offices), MSH-Boston, MSH Field Offices and Affiliates, and selected international organizations.**
 4. **Maintained the IFPMHP website.**
 5. **Spearheaded the holding of a National Consultative Workshop with the theme “Family Planning, Maternal and Child Health, and Infectious Diseases: Challenges and Options for Improving Service Delivery” in coordination with other cooperating agencies (see picture below).**



6. **Sponsored the printing of the September-October 2001 issue of *Health Beat* that had a special feature on the Matching Grant Program.**
7. **Set up project's exhibit booth during the 10th anniversary celebration of the Local Government Code.**
8. **Reviewed the draft and coordinated with MSH-Boston for the finalization of the *Guide to Planning Government Health Services: The Matching Grant Program in the Philippines*.**

- 9. Organized and conducted the MGP Consultative Workshops for Luzon, Visayas, and Mindanao.**
- 10. Coordinated preparatory activities for the holding of MGP Technical Conferences for Mindanao in October, Visayas in November, and Luzon in December.**

Next Quarter

- Distribute printed copies of the following issues of *Updates from the Field*:
 - “Doing Disease Surveillance at the Provincial and District Levels”
 - “Initiating A Provincial Health Summit: The North Cotabato Experience”
 - “The Role of Indigenous People in Promoting Family Planning”
- Produce at least three new issues of *Updates from the Field*.
- Conduct MGP Technical Conferences for Mindanao (October 29-30), Visayas (November 11-12), and Luzon (November 26-27).
- Maintain/update project website.

F. IMPLEMENTATION ISSUES AND ACTIONS TAKEN OR RECOMMENDED

1. 2003 MGP Budget

The projected cut in the DOH budget for fiscal year 2003 is expected to adversely affect the amounts available for the MGP next year. Given this scenario, the planned expansion of the MGP in the priority regions will be seriously jeopardized.

2. Difficulties in responding to the demand for female sterilization services

The project has demonstrated that there is a huge demand for female sterilization services. However, the difficulties experienced by the team in finding trained surgeons willing to provide these services on a regular basis may prove to be a serious obstacle to current efforts to make these services more readily accessible.

Recommendations and Actions Taken

1. The team is currently exploring the possibility of sourcing out funds from the Center for Family Health to augment the MGP budget.
2. The team has raised this issue with the DOH and EngenderHealth and is participating in the discussions to resolve this problem.

SECTION III - TECHNICAL ASSISTANCE

Name of Consultant	Date of Visit	Tasks Completed
Mr. Mario Taguiwalo	August 9 – October 31, 2001	<ul style="list-style-type: none"> • A detailed report on the Results Framework, 2002-2006. Final draft submitted, December 2001
Dr. Steve Sapirie	November 16 – December 3, 2001	<ul style="list-style-type: none"> • Attended the Phase-II Planning Process in Davao City • Attended the Phase-II Planning Process in Bacolod City • Worked with the PMTAT team to confirm next steps and schedule for producing the Guideline document • Met with the COP of the HSRTAP Project, Dr. Benny Reverente • Met with Dr. Pilar Mabasa, City Health Officer of Bago City • Assisted the DOH and PMTAT complete Phase II of the MGP Development Process and Preparation of the Guideline Document • Assisted DOH and PMTAT in supporting HIS and Surveillance System Development • Assisted HSRTAP and PMTAT collaboration in support of the reform process
Dr. Scott McKeown	November 16 – December 1, 2001	<ul style="list-style-type: none"> • Assisted the DOH and PMTAT to assess outputs from DOH write shops and meetings, participated in meetings with the Standards and Procedures Subcommittee and Program Managers, and made recommendations on the standards • Assisted the DOH and PMTAT to revise assessment instruments that will include indicators of availability, utilization, and performance based on the revised set of standards
Steven Solter	February 18-22, 2002	<ul style="list-style-type: none"> ○ Assist the DOH in developing approaches to make the MGP more responsive to the program focus on the urban poor and the expansion in areas with low prevalence and in Mindanao. ○ Work with the PMTAT in updating its workplan to ensure that the technical assistance needs of the project are adequately addressed
Scott Mckeown	March 31-April 20, 2002 July 16 – August 1,	<ul style="list-style-type: none"> • Assisted the DOH and the PMTAT in reviewing draft SS standards based on consultation activities and made recommendations for revisions. • Assisted the DOH and the PMTAT to develop assessment tools for basic certification under the CRP. assisted the DOH and the PMTAT to refine the Certification/Recognition Program (CRP) procedures, e.g. certification activities and flow at all levels. • Assisted the DOH and the PMTAT in draft SS standards based

Name of Consultant	Date of Visit	Tasks Completed
	2002	<p>on consultation activities and made recommendations for revisions.</p> <ul style="list-style-type: none"> Assisted the DOH and the PMTAT to draft assessment tools for basic certification under the CRP.
Elvira Dayrit	<p>February 1 – August 16</p> <p>September 16 - 30, 2002</p>	<ul style="list-style-type: none"> Assisted the DOH and PMTAT in drafting concept paper on SS standards based on the 4 major functions of the rural health units Assisted the DOH and PMTAT in developing the design for pre-test of SS standards and conduct of first phase of the pre-test Assisted the DOH and the PMTAT in developing selection criteria for the CHD TA and Monitoring Teams
Eireen Villa	September 30, 2002	<ul style="list-style-type: none"> Assisted the DOH and PMTAT develop training/orientation designs for the TA and Monitoring Teams and Assessors. Assisted the DOH and the PMTAT in the first phase of the pre-test Assisted the DOH and PMTAT develop facilitators' module for TA Teams

(Section IV: Financial Information)

Appendix A

Matching Grant Program Enrollees as of September 30, 2002 (N=338 LGUs)

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
1	Ilocos Norte	Laoag City		✓	✓	884
		Bangui		✓	✓	1,196
		Burgos			✓	1,378
		Marcos			✓	1,264
		Currimao			✓	708
		Banna			✓	1,223
		Piddig			✓	2,081
		Paoay		✓	✓	1,955
		Badoc			✓	1,887
		Sarrat			✓	1,356
	Pangasinan	Asingan	20	✓	✓	750
		Mangaldan		✓	✓	26
		Laoac		✓	✓	220
		Urdaneta	20	✓	✓	500
		Binalonan		✓		
	La Union	San Fernando		✓	✓	2,213
		Tubao		✓	✓	1,269
	Ilocos Sur	Narvacan			✓	
		Sta. Maria		✓		
2	Isabela	Ilagan		✓	✓	1,208
		Cauayan		✓	✓	285
	Cagayan	Tuguegarao		✓	✓	837
CAR	Mountain Province	Sabangan		✓	✓	261
		Tadian		✓	✓	722
		Bauko		✓	✓	1,198
		Sagada		✓	✓	415
		Besao			✓	40
	Benguet	Baguio City		✓	✓	1,751
		Kibungan		✓	✓	237
		Kapangan		✓	✓	215
		Sablan		✓	✓	101
		Bokod		✓	✓	127
		Kabayan		✓	✓	130
3	Bulacan	San Jose Del Monte		✓	✓	3,686
		San Miguel	20	✓	✓	470

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
4		Angat		✓	✓	682
		Baliuag		✓	✓	385
		Bustos		✓	✓	1,701
		Dona Remedios Trinidad		✓	✓	417
		San Rafael		✓	✓	365
		Bocaue		✓	✓	309
		Pandi		✓	✓	955
		Marilao		✓	✓	279
		Meycauayan		✓	✓	674
		Norzagaray		✓	✓	214
		Sta. Maria		✓	✓	789
	Zambales	Iba		✓	✓	399
		Masinloc		✓	✓	1,628
		Candelaria		✓	✓	713
		Sta. Cruz			✓	286
	Nueva Ecija	Cabanatuan	10	✓	✓	572
		General Tiño				
		Penaranda		✓	✓	796
		San Leonardo			✓	1,936
		Gapan		✓		
	Cavite	Dasmariñas		✓	✓	2,006
		Tanza		✓	✓	671
	Rizal	Taytay		✓	✓	716
		Cainta		✓	✓	1,069
		Antipolo		✓	✓	4,868
		Binangonan		✓	✓	469
		San Mateo		✓	✓	735
		Tanay		✓	✓	570
	Batangas	Batangas City		✓	✓	4,824
		Alitagtag		✓	✓	1,354
		Cuenca		✓	✓	1,278
		Sta. Teresita		✓	✓	422
		Lipa City		✓	✓	1,341
		Tanauan		✓	✓	4,177
	Quezon	Sariaya		✓	✓	213
		Candelaria		✓	✓	12
	Laguna	San Pablo City		✓	✓	837
		Binan		✓	✓	498
		Sta. Rosa		✓	✓	5,664

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
		Pila		✓	✓	606
		Victoria			✓	1,043
		Sta Cruz			✓	362
	Oriental Mindoro	Calapan City		✓	✓	7,297
		Socorro		✓	✓	347
		Pinamalayan		✓	✓	370
	Occidental Mindoro	San Jose		✓		
	Marinduque	Sta. Cruz		✓		
		Torrijos				
	Palawan	Narra		✓		
		Aborlan		✓		
		Coron		✓		
		Culion				
NCR		Navotas	0	✓	✓	468
		Taguig	40	✓	✓	100
		Pateros	40	✓	✓	
		Malabon	50	✓	✓	200
		Marikina	80	✓	✓	107
		Muntinlupa	40	✓	✓	4614
		Pasig	147	✓		
		Valenzuela	0	✓	✓	4377
5	Albay	Daraga	40	✓		
		Tabaco	40	✓	✓	1041
		Tiwi			✓	672
		Malinao		✓		17
		Malilipot		✓	✓	2368
		Bacacay		✓		
		Sto. Domingo		✓		
		Jovellar			✓	790
		Polangui		✓	✓	168
		Oas		✓	✓	596
		Libon				
		Ligao			✓	1907
		Guinobatan			✓	
	Camarines Sur	Naga City	48	✓	✓	3,582
		Buhi		✓		
		Libmanan		✓		
		Iriga City		✓	✓	99
	Catanduanes	Bagamanoc	20	✓	✓	518

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
6		Baras	20	✓	✓	987
		Bato	20	✓	✓	846
		Caramoran	20		✓	2,597
		Gigmoto		✓	✓	429
		Pandan	25		✓	887
		Panganiban	20		✓	619
		San Andres		✓	✓	2,283
		San Miguel	25	✓	✓	718
		Viga	20		✓	1,004
		Virac	129		✓	1,228
	Sorsogon	Donsol	97	✓	✓	
		Pilar	60	✓	✓	100
		Casiguran	20	✓	✓	40
		Juban	20	✓	✓	62
		Magallanes		✓	✓	
	Negros Occidental	Bago City	20		✓	3,147
		Silay City	20	✓	✓	72
		Kabangkalan	20	✓	✓	3,240
		Sagay City	20	✓	✓	6,361
		San Carlos	20	✓	✓	1,300
		Calatrava		✓	✓	148
		Escalante			✓	0
		Cadiz	20		✓	2,573
		Talisay	20		✓	5,702
		Valladolid	20		✓	205
		Isabela	20		✓	387
		La Carlota	20	✓	✓	52
		Moises Padilla			✓	190
		Ilog	10	✓	✓	60
		Candoni		✓	✓	665
		Hinobaan		✓	✓	499
	Capiz	Roxas City		✓	✓	428
	Iloilo	Jamindan			✓	571
		Cuartero			✓	527
		Dumarao			✓	424
		Anilao		✓	✓	389
		Barotac Viejo			✓	639
		Iloilo City			✓	2929
		Leganes			✓	247

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
		San Enrique			✓	160
		San Rafael			✓	
		San Joaquin			✓	1974
		Zarraga			✓	1540
	Aklan	Buruanga		✓	✓	261
	Antique	Culasi			✓	58
		Valderamma		✓		946
7	Cebu	Minglanilla		✓		
		Bogo		✓		
		Oslob		✓		
		Ronda				
		Medellin		✓		
		Pilar			✓	20
		Sibonga		✓		
		Pinamungahan		✓		
	Negros Oriental	Bayawan	15	✓		
		Basay				
		Sta. Catalina	5			
		Siaton	20			
		Zamboanguita	20		✓	1369
		Mabinay			✓	
		Manjuyod			✓	
		Bais			✓	
		Tanjay		✓	✓	
		Pamplona			✓	
		Valencia				
		Dauin			✓	922
		Amlan		✓	✓	1,764
		San Jose				
		Dumaguete City			✓	115
		Bacong				
		Sibulan				
		Bindoy	20	✓	✓	2074
		Ayungan	20	✓	✓	1464
		Tayasan	20		✓	
	Siquijor	Lazi			✓	12
		Maria			✓	18
		San Juan			✓	16
		En Villanueva				

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
		Larena		✓	✓	16
		Siquijor			✓	16
	Bohol	Mariboloc			✓	297
		Antiquera		✓	✓	155
		Cortes			✓	
		Sikatuna			✓	707
		San Isidro			✓	90
		Catigbian			✓	157
		Balilihan			✓	1,164
		Corella		✓	✓	112
	Leyte	Ormoc City		✓	✓	1,081
	East Samar	Balangiga		✓	✓	509
		Giporlos		✓	✓	254
		Lawaan		✓	✓	455
		Hernani			✓	362
		Quinapondan		✓	✓	148
		Mercedes			✓	217
8	North Samar	Catarman		✓	✓	873
		San Jose		✓	✓	0
		Mondragon			✓	841
		Allen			✓	133
		San Isidro			✓	500
		San Antonio			✓	157
	South Leyte	Maasin	20	✓	✓	1223
		Padre Burgos	9	✓	✓	291
		Pintuyan	10		✓	166
		San Francisco	10		✓	86
		San Ricardo	10	✓	✓	170
		Malitbog		✓	✓	452
		Macrohon		✓	✓	953
	Western Samar	Motiong				
		Marabut			✓	100
		Basey			✓	1,000
		Gandara				
		Pinabacdao			✓	
9	Zambo del Norte	Dipolog City			✓	940
		Sindangan		✓	✓	428
		Siayan		✓	✓	110
	Zambo del Sur	Pagadian City		✓		

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
	Zambo Sibugay	Aurora				
		Vincenzo Sagun		✓	✓	524
		Ipil		✓	✓	222
		Malangas		✓	✓	808
10	Bukidnon	Valencia City		✓	✓	22,968
		Malaybalay	50	✓	✓	12,729
		Manolo Fortich	50		✓	6685
	Misamis Occ.	Ozamis City			✓	94
CARAGA	Surigao del Norte	Surigao City		✓	✓	2,064
	Surigao del Sur	Bislig		✓	✓	938
	Agusan del Norte	Butuan City			✓	5050
11	Davao Sur	Digos	29	✓	✓	1,925
		Malita	28	✓	✓	94
		Hagonoy	14			
		Padapa	7		✓	290
		Sulop	13	✓	✓	1,732
		Sta. Cruz	15	✓		587
		Matanao	13		✓	
	Davao Norte	Tagum	35	✓	✓	539
		Island Garden of Samal	55		✓	4917
		Talaingod	5		✓	2026
		New Corella	25	✓	✓	1946
		Panabo	30	✓	✓	4438
		Asuncion	25	✓	✓	4574
		B.E. Dujali	25		✓	2642
		Sto. Tomas	25	✓	✓	2415
		Carmen	25	✓	✓	2811
		Kapalong	41	✓	✓	4115
	Sarangani	Alabel			✓	423
		Maitum		✓		
		Malapatan		✓	✓	45
		Glan			✓	1
		Kiamba		✓		
		Maasim		✓		
		Malungon				
	Compostela Valley	Laak	0	✓		
		Mabini	0	✓	✓	916
		Maco	0	✓		

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
		Maragusan	0	✓		
		Mawab	0	✓	✓	898
		Monkayo	0	✓	✓	136
		Montevista	0	✓	✓	877
		Nabunturan	0	✓		
		New Bataan	0	✓	✓	261
		Pantukan	24	✓		
		Compostela	0	✓	✓	195
	South Cotabato	Koronadal	25	✓	✓	811
		Tampakan	13	✓	✓	1,095
		Norala	25	✓	✓	1,858
		Lake Sebu	23		✓	219
		Tupi	7	✓	✓	735
		Polomolok	25	✓		
		Banga	23	✓	✓	605
		Sto. Nino	18	✓	✓	1745
		Surallah	25	✓	✓	286
		Tantangan	12	✓	✓	588
		T-boli	25	✓	✓	540
	Davao Oriental	Mati	53	✓	✓	14
		Lupon	32		✓	31
		Banaybanay	47	✓	✓	40
		Gov. Generoso	20		✓	19
		San Isidro	30	✓	✓	23
	Independent City	Davao City		✓	✓	222
	Independent City	Gen. Santos City	200	✓	✓	4,199
12	Lanao del Norte	Magsaysay			✓	20
		Baroy		✓	✓	1,021
		Lala				
		Linamon			✓	670
	Independent City	Iligan City		✓	✓	9944
	North Cotabato	Kidapawan	38	✓	✓	1,800
		Mlang	5	✓		
		Midsayap	5		✓	505
		Kabacan	5		✓	1178
		Makilala		✓	✓	3622
		Aleoson			✓	493
		Alamada	5		✓	

Region	Province	LGU	BHW Mobilized / Training	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth (as of September 30, 2002)	
					w/ MOA	# of Enrolled Households
		Carmen				
		President Roxas	5		✓	729
		Pigcawayan	10			
		Mapalam			✓	158
		Magpet		✓	✓	701
		Antipas			✓	368
	Sultan Kudarat	Lebak				
		Esperanza	5	✓	✓	292
		Isulan	5	✓	✓	1,010
		Lambayong	5		✓	1,433
		Tacurong City	5		✓	4208
		Lutayan	5		✓	1,000
		Bagumbayan	5		✓	107
		Sen. Ninoy Aquino	20		✓	676
		Palimbang				
		President Quirino	5			
		Columbio	5		✓	337
		Kalamansig				
	Independent City	Cotabato City		✓	✓	205
ARMM	Lanao del Sur	Malabang		✓		4
		Poonabayabao		✓	✓	79
		Balabagan		✓		
		Kapatagan		✓		
		Wao		✓		
	Maguindanao	North Upi	60			
		Sultan Kudarat	40			
	Sulu	Jolo				
		Talipao				
	Tawi-tawi	Lugus				
		Panglima Sugala	40	✓		
		Simunul	40	✓		
		Bongao				
		Sapa-Sapa				
16 Regions	59 Provinces and 4 ind.cities	338	2,830	203	267	271,494

Appendix B. Urban Poor FP Initiative Results (Oplan Tali) as of September 30, 2002

UPFPP LGUs	Catchment Urban Poor Area	Population	Number of BHWs trained on CBTFP	Voluntary Sterilization Site	DOH Hospital performing VS	Actual number of clients ligated	Actual number of clients vasectomized
CALOOCAN CITY	Brgy. 177	42,957	72	Camarin lying-in clinic	East Avenue MC	3	0
	Brgy. 178	59,455	100				
MAKATI CITY	Cembo	27,231	46	Pasig City Gen. Hosp.	Rizal Medical Center	6	0
MANILA CITY	Baseco	20,214	29	WHCF clinic	JRRMC	2	1
	Happy Land	12,295	19		Tondo Gen Hos	0	0
PASAY CITY	Brgy. 137	2,960	4	Pasay City General Hospital	JRRMMC	0	0
	Brgy. 138	909	2				
	Brgy. 143	3,111	4				
	Brgy. 145	1,750	3				
QUEZON CITY	Payatas A	58,429	55	Payatas B Health Center	QMMC	19	0
	Payatas B	58,429	117				
SAN JUAN	Batis	9,518	10	San Juan Population Office FP clinic	Rizal Medical Center	12	0
	San Perfecto	3,760	13				
TAGUIG	Western Bicutan	88,403	147	Taguig-Pateros District Hospital	Jose Fabella MH	56	0
Malabon	Damata, Brgy Tonsuya	10,163	15	Pagamutang Bayan ng Malabon	—	2	1
	East Riverside, Brgy Potrero	6,243	10				
	Sitio 6, Brgy Catmon	9,559	15				

UPFPP LGUs	Catchment Urban Poor Area	Population	Number of BHWs trained on CBTFP	Voluntary Sterilization Site	DOH Hospital performing VS	Actual number of clients ligated	Actual number of clients vasectomized
Marikina	Aptiong Ph I & II, Brgy Marikina Heights	8,000	15	Sto. Niño HC	ARMC	169	8
	Bonanza Ph I-IV	6,000	10				
	Tumana (HC side) Concepcion I	10,000	15				
Muntinlupa	Joaquin Cmpd/Kelly Cmpd/Prk 4/Prk 4 Ext/Bautista Cmpd/ Purok 6B/ Runggut/ Purok 7A, 7B,7C/Batibot/ Morning Breeze/Davao Cmpd/San Roque. BRGY ALABANG	30,000	50	Muntinlupa lying-in			
Navotas			0	Pagamutang Bayan ng Malabon	–		
Pasig	Guhit Acacia, Brgy Pinagbuhatan	12,850	26	Pasig City General Hospital	RMC	38	0
	B Santos, Brgy Pinagbuhatan	8,581	18				
	Ilugin Matanza, Brgy Pinagbuhatan	3,000	6				
	Nagpuyong, Brgy Pinagbuhatan	15,500	30				
Pateros			0	Taguig-Pateros District Hospital	Jose Fabella MH		
Valenzuela			40	Valenzuela District Hospital			
TOTAL		509,317	871			307	10